

6.
**Survey of Diabetes
Community Education
and Screening Programs
Offered Through Community
Health Centers**

**Survey of Diabetes Community Education and Screening Programs
Offered through Community Health Centers in Indiana**

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EXECUTIVE SUMMARY

Survey results indicated less than half of the 31 Community Health Centers in Indiana (42%; n=13) offered diabetes education and screening programs in their service catchment areas at the time of this survey. Eighteen centers (58%) did not offer a community diabetes/education screening program. The majority of centers that did offer diabetes education and screening devoted between five to ten hours per month to the subject. Although demographic reporting is incomplete, results of this survey indicate the at-risk Black and Hispanic populations are not being successfully targeted. The Registered Nurse was identified as the primary instructor in approximately half of the programs. None of the instructors in any center was a Certified Diabetes Educator. A broad-base of topics were included in the programs offered through the Community Health Centers. Pamphlets and brochures were the most commonly used educational tool, especially those obtained through the American Diabetes Association and other drug companies/vendors. The majority of programs were offered at the local health department. Health fairs were identified as the primary method of advertising the center's diabetes programs. Three-quarters of the centers that offer diabetes education programs also reported offering diabetes screening. Random plasma glucose levels remain the primary test used to screen patients for diabetes. All centers that provide diabetes screening also provide follow-up services for the patient identified with diabetes. Written guidelines for conducting community screening programs were available in only two of the 31 centers. Responders to this survey requested continuing education in the areas of diabetes screening practices and specific educational areas to include nutrition, understanding different types of diabetes, using insulin, and self-monitoring procedures/devices.

DATA HIGHLIGHTS

- All 31 of Indiana's designated Community Health Centers responded to the survey.
- Results indicate some type of a diabetes education/screening program is being offered in less than half (n=13; 42%) of Indiana's Community Health Centers.
- Ten (77%) of the 13 Community Health Centers that offer diabetes education programs to members of their community also offer diabetes screening tests.
- The majority of centers (46%) devote between five and ten hours a month to this endeavor; one-fourth of the centers devote 20 or more hours per month to diabetes education and screening in their catchment area.
- Only 3 of the 13 (23%) centers that offer diabetes programs were able to supply the requested information on race/ethnicity and gender; only 5 (38%) could provide age group information. Although the demographic reporting is incomplete, data suggest the population served is primarily the white, non-Hispanic, female under the age of 35.

- The length of each education/screening session offered by the Community Health Centers varied, with the majority lasting one to two hours (42%) or four hours or more (33%) in duration.
- Nurses are the primary instructors for the diabetes programs in eight centers (47%), health educators in six centers (35%), and a registered dietitian in three (18%) centers. None of the centers reported being able to enlist the services of a certified diabetes educator in their programs.
- All 13 of the educational programs offered through the Community Health Centers covered diabetes symptoms, complications, nutrition, exercise, foot care, eye care, and oral health. The majority of programs also included the topics of glucose self-monitoring (92%), terminology (92%), risk factors (92%), self-medication (85%), and psychosocial aspects of diabetes (85%). Only four centers (31%) discussed gestational diabetes.
- The most widely used educational tools are brochures and pamphlets (100%), especially those obtained from the American Diabetes Association (85%).
- Most of the educational encounters take place within the local health department (n=13; 100%). Other settings include community organizations (23%), homes (23%), hospitals or clinics (15%), worksites (15%), and churches (15%).
- Health fairs (62%), community organizations (38%), and brochures (38%) are the most common methods of advertising used to inform the priority population about diabetes education and screening programs.
- Ten of the 13 (77%) Community Health Centers that provide diabetes education also offer diabetes screening. Of those programs that offer diabetes screening, only three (30%) use a verbal or written questionnaire to determine who is "at risk."
- The most commonly specified test used to screen for diabetes is a random plasma glucose test (n=8; 80%). One Community Health Center (10%) reported using a fasting blood glucose and one center (10%) reported using the hemoglobin A1c test.
- Five of the ten (50%) centers that offered blood glucose testing charged a fee for the service; of these, all were based on a sliding-scale fee based on the client's ability to pay.
- All of the Community Health Centers that offered diabetes screening reported making provisions for follow-up of persons who test presumptively positive for diabetes; most of these referrals are made to the person's own family doctor (70%) or to a local clinic/hospital (70%).
- Written guidelines for conducting community screening programs were available in only two of the 31 (6%) Community Health Centers.

- Less than half of the Community Health Centers indicated a need for guidance/instruction about issues specific to diabetes (n=10; 32%), diabetes screening practices (n=12; 39%), and referral sources (n=7; 23%).
- Specific requests for educational assistance included nutrition management (n=10; 100%), using insulin (n=9; 90%), understanding the different types of diabetes (n=8; 80%), complications of the disease (n=8; 80%), and glucose self-monitoring (n=8; 80%).

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Appendix A

Indiana State Department of Health Diabetes Control Program Community
Health Center Survey

Survey of Diabetes Community Education and Screening Programs Offered Through Community Health Centers in Indiana

INTRODUCTION

In June of 1994, the Indiana State Department of Health (ISDH) was awarded a grant from the Centers for Disease Control and Prevention (CDC) to develop and implement a statewide diabetes control program. A major objective of this program is to ensure that patient education for the self-management of diabetes is a basic component of treatment, allowing persons with diabetes to maintain glycemic control and prevent complications of the disease. Another objective of the diabetes control program is to identify individuals who do not know they have diabetes and who are not under medical care. The American Diabetes Association estimates there are as many persons with undiagnosed diabetes as there are individuals whose diabetes is diagnosed.

To identify current efforts in diabetes education and screening at the community level, a series of statewide surveys were conducted during 1995. The first report, published in August of 1995, examined patient education and community education practices of the 121 acute care hospitals in Indiana. The second report, published in August of 1996, examined patient education and community education practices offered through local health departments in each of Indiana's 92 counties. This report, the third in a series, summarizes results obtained from 31 Community Health Centers located throughout Indiana.

METHODOLOGY

In September of 1995, the 31 designated Community Health Centers in Indiana were sent a survey to identify current efforts in diabetes education and screening (Appendix A). The survey contained twenty-three questions. Follow up letters with additional copies of the survey were sent to non-responders in November. In January of 1996, phone calls were made to all non-responders. By February of 1996, all 31 (100%) of the Community Health Centers returned completed surveys.

ANALYSIS

Data entry and the initial data analysis were accomplished using Epi Info, v6.01, an epidemiological data management and analysis program developed by the Centers for Disease Control. Statistical analysis was limited to the calculation and tabulation of frequencies and proportions.

RESULTS

More than half of the 31 Community Health Centers (58%; n=18) reported they did *not* offer an independent diabetes education/screening program. Thirteen (42%) of the 31 centers reported offering a community-based education/screening program targeted at individuals with an increased risk for diabetes through their Center. Six of these centers reported offering a diabetes education program jointly with another local organization.

Table 1. Number of Community Health Centers in Indiana that offer community diabetes education/screening programs (n=31).

Diabetes Program	Number	Percent
Yes	13	41.9
No	18	58.1
Total	31	100.0

Hours Per Month

Of the 13 Community Health Centers that provided diabetes education and screening services at the time of this survey, the majority (46%) offered between five to ten hours of instruction per month (Table 2). Three centers (23%) offered more than 20 hours of instruction per month, and two centers (15%) provided two hours per month. The remaining two centers offered between 11 and 20 hours of education and screening services per month.

Table 2. Number of hours per month devoted to diabetes education/screening in Community Health Centers in Indiana (n=13).

Hours per Month	Number	Percent
Less than 5	2	15.4
5-10	6	46.2
11-15	1	7.7
16-20	1	7.7
20 or more	3	23.1
Total	13	100.0

Priority Population

The Community Health Centers were asked to identify their priority population(s) (e.g., any population to whom special outreach efforts were focused). Most centers targeted their current clients (92%) and families (85%) (Table 3). Over half the centers reported outreach efforts toward minority populations (61.5%). Less than half reported targeting the elderly (46.1%).

Table 3. Priority populations to whom outreach efforts for diabetes education/screening were focused (n=13).

Priority Population	Number	Percent
Clients	12	92.3
Families	11	84.6
Minorities	8	61.5
Elderly	6	46.1
Other		
• Weight loss	1	7.7
• Indigent	1	7.7
• Low income	1	7.7

Race/Ethnicity by Gender

Only three of the thirteen (23%) centers were able to provide data regarding the race/ethnicity and gender of their patients with diabetes (Table 4). In total, centers reported a patient-base of 9,676 individuals. Of these, the vast majority of patients were either White males (44.3%; n=4,285) or White females (49.6%; n=4,800). Three percent (n=283) of the patients were identified as Black females. Fewer than one percent of those patients identified were Black males (n=85), Hispanic males (n=9), Hispanic females (n=12), Asian/Pacific Islander males (n=80), Asian/Pacific Islander females (n=64), Other males (n=30), or Other females (n=28).

Table 4. Race/ethnicity and gender of patients with diabetes at Community Health Centers (reported by 3 of 13 centers).

Race/Ethnicity by Gender	Number	Percent
White		
Male	4,285	44.3
Female	4,800	49.6
Black		
Male	85	0.9
Female	283	2.9
Hispanic		
Males	9	0.1
Females	12	0.1
Asian/Pacific Islander		
Males	80	0.8
Females	64	0.6
Other		
Males	30	0.3
Females	28	0.3
TOTAL	9,676	100
Male	4,495	46.5
Female	5,187	53.6

Age Group by Gender

Five of the 13 centers were able to identify the population they served by age and gender (Table 5). In total, these five centers reported a patient-base of 14,707 individuals. Of these, the largest number of patients were females between the ages of 19 and 24 (21.4%), followed by females aged 18 years or younger (17.1%), and males aged 18 years or younger (15.4%). The *lowest* number of patients seen in the Community Health Centers who were able to respond to this question were males and females aged 65 years and older (3.2% and 4.1%, respectively).

NOTE: The question identifying the race, sex, and age of “the population served” did not clearly identify whether the “population served” was limited to the population with diabetes or to the entire population seen by the clinic for all health matters.

Table 5. Age group and gender of persons attending diabetes education/screening programs at Community Health Centers in Indiana (n=5/13 centers).

Age by Gender	Number	Percent
≤ 18 years		
Male	2,260	15.4
Female	2,522	17.1
19-34 years		
Male	1,520	10.3
Female	3,149	21.4
35-49 years		
Males	839	5.7
Females	1,304	8.9
50-64 years		
Males	895	6.1
Females	1,152	7.8
65 years and above		
Males	466	3.2
Females	600	4.1
TOTAL	14,707	100
Males	5,980	40.7
Females	8,727	59.3

Program Length

The Community Health Centers were asked to estimate the average length of their diabetes education programs. Twelve of the 13 centers (92%) responded (Table 6). In general, the majority of diabetes education programs were between one to two hours (42%) or four hours or more (33%) in length.

Table 6 Average length of time to conduct each diabetes education/screening program in Indiana Community Health Centers (n=12).

Hours per Month	Number	Percent
<1	1	8.3
1-2	5	41.7
3-4	2	16.7
>4	4	33.3
Total	12	100

Staffing Patterns

The Community Health Centers were asked to describe their staffing patterns (Table 7). Nine of the 13 centers reported having at least one full-time person employed to provide diabetes education and screening (69%). Six of the nine centers had one full-time person, two centers had two full-time persons, and one center had four full-time individuals employed in their diabetes program. Nine of the thirteen centers had part-time staff employed in their diabetes program. Six of the nine had one part-time person, two of the nine had two part-time persons, and one center had three part-time people employed in their diabetes education program.

Table 7. Number of full-time, part-time, and volunteer instructors employed in the diabetes education and screening programs in Community Health Centers.

No. of staff	Full-Time		Part-Time		Students/Volunteer	
	Depts.	Total	Depts.	Total	Depts.	Total
1	6	6	6	6	1	1
2	2	4	2	4	2	4
3	0	0	1	3	0	0
4	1	4	0	0	0	0
Total	9	14	9	13	3	5

Qualifications of Primary Instructor

Eight of the center's primary instructors for the community-based diabetes education and screening program were registered nurses (62%), six were health educators (46%), and three were registered dietitians (23%) (Table 8). None of the primary instructors at any of the Community Health Centers was a certified diabetes educator (CDE).

Table 8. Educational background of primary instructor (n=17).

Background	Number	Percent
Registered Nurse	8	47.1
Registered Dietitian	3	17.6
Health Educator	6	35.3
Certified Diabetes Education	0	0
Total	17	100.0

Topics Covered in Educational Programs

Each Community Health Center that offered a diabetes education and screening program at the time of this survey included information about diabetes symptoms, complications, nutrition, exercise, foot care, eye care, and oral health in their curriculum (Table 9). In addition, 12 of the 13 (92%) included information about diabetes risk factors, terminology, and self-monitoring. Other topics reported to be covered included self-medication (85%), psychosocial aspects of diabetes (85%), and gestational diabetes (31%).

Table 9. Topics included in the diabetes education curriculum offered through Community Health Centers in Indiana (n=13).

Topics	Number	Percent
Symptoms	13	100
Complications	13	100
Nutrition	13	100
Exercise	13	100
Foot Care	13	100
Eye Care	13	100
Oral Health	13	100
Glucose self-monitoring	12	92
Terminology	12	92
Risk Factors	12	92
Self-medication	11	85
Psychosocial Aspects	11	85
Gestational Diabetes	4	31
Other		
• preventing complications	2	15.4
• promoting normal growth	1	7.7
• stress management	1	7.7

Types of Educational Tools

Brochures and pamphlets were the most commonly used educational tools (100%), followed by fact sheets (77%), and videos (62%) (Table 10). Other educational tools used by Community Health Centers include books (54%), charts/graphs (46%), and audio-tapes (27%).

Table 10. Educational tools used by Community Health Centers for diabetes education/screening programs (n=13).

Tools	Number	Percent
Brochures/Pamphlets	13	100
Fact Sheets	10	76.9
Videos	8	61.5
Books	7	53.8
Charts/Graphics	6	46.2
Tapes	3	27.2
Other	3	23.1

Source of Educational Materials

The American Diabetes Association (ADA) was the most commonly cited source of materials for the diabetes programs conducted by the 13 Community Health Centers (85%; n=11) (Table 11). Other frequently cited sources include materials developed by the Community Health Center (46%), supplied by vendors of pharmaceuticals and other products used in the care and treatment of diabetes (54%), and the National Institute of Health (31%).

Table 11. Sources of educational materials used by Community Health Center sponsored diabetes education/screening programs (n=13).

Source	Number	Percent
ADA	11	84.6
Develop Own	6	46.2
Drug Companies/Vendors	7	53.8
NIH	4	30.8
AARP	1	7.7

Educational Settings

Survey results indicated the Community Health Center-sponsored programs provide their educational sessions at a variety of venues. All of the centers reported holding educational sessions at their local health department (100%). Less commonly chosen sites for diabetes education/screening activities included health fairs (n=3), individual's homes (n=3), other community organizations (n=3), churches (n=2), local hospitals/clinics (n=2), worksites (n=2), schools (n=1), and the library (n=1).

Table 12. Settings where Community Health Centers offer diabetes education and screening programs (n=13).

Setting	Number	Percent
Health Department	13	100
Community Org.	3	23.1
Homes	3	23.1
Hospitals/Clinics	2	15.4
Worksites	2	15.4
Churches	2	15.4
Schools	1	7.7
Other		
• Health fair	3	23.1
• Library	1	7.7

Advertising Methods

The majority of Community Health Centers (62%) reported relying primarily on health fairs to reach their priority populations with information about education/screening programs (Table 13). Approximately one-third of the centers reported using community organizations (38%), brochures (38%), posters (31%), newspapers (31%), or mailings (31%) to advertise their diabetes education/screening program. Three of the centers reported advertising through churches (23%), and two centers reported using a press conference (15%) to advertise their diabetes education and screening program. Two centers reporting they did not advertise their program. No center reported using public service announcements on radio or television, billboards, minority-targeted media, or bus advertisements.

Community Health Centers that Offer Diabetes Screening

As indicated in Table 14, ten of the 13 (77%) Community Health Centers that provide diabetes education indicated they also offer diabetes screening programs. Only three (23%) of the centers that offer diabetes education programs did *not* offer diabetes screening.

Table 13. Advertising methods used by Community Health Centers to inform priority population(s) about diabetes education/screening programs (n=13).

Methods	Number	Percent
Health Fairs	8	61.5
Community Organizations	5	38.4
Brochures	5	38.4

Mailings	4	30.8
Posters	4	30.8
Newspapers	4	30.8
Church Announcements	3	23.1
Press conferences	2	23.1
None	2	23.1
Minority-targeted Media	0	0
Radio/TV PSA	0	0
Bus Advertisement	0	0
Billboards	0	0

Table 14. Number of Community Health Centers that offer diabetes screening (n=13).

Screening	Number	Percent
Yes	10	76.9
No	3	23.1
Total	13	100.0

Identification of "At-Risk" Persons

Three (30%) of the ten centers that provided diabetes screening used a written or verbal questionnaire to identify persons "at risk" for diabetes (Table 15). Seven (70%) of the ten centers did not try to identify "at-risk" persons prior to screening.

Table 15. Written or verbal questionnaire used to identify persons "at-risk" for diabetes (n=10).

Questionnaire	Number	Percent
Yes	3	30.0
No	6	60.0
No Response	1	10.0
Total	10	100.0

Type of Screening Tests Offered

The most commonly specified type of diabetes screening test used by eight of the ten Community Health Centers was the random plasma glucose level (80%) (Table 16). Only one center (10%) indicated they used a fasting blood glucose level to screen for diabetes. Four of the ten centers (40%) reported testing for Hemoglobin A1c. One center reported testing serum albumin levels (10%), and urine levels with a dipstick (10%).

Table 16. Tests performed by Community Health Centers offering diabetes screening.

Tests	Number	Percent
Random Plasma Glucose	8	80
Fasting Blood Glucose	1	10
Hemoglobin A1c	4	40
Microalbumin	1	10
Clinistick/Urine	1	10

Screening Fee

Five of the ten Community Health Centers that screened for diabetes reported charging a fee for this service. Of these, the fee ranged from eight dollars to thirteen dollars, based upon the client's ability to pay.

Follow-Up Services

All ten of the Community Health Centers that offered both screening and educational programs reported providing follow-up services if a person tested presumptively positive for diabetes (Table 17). Two-thirds of the centers (70%) made referrals to either the person's own family doctor or to a local clinic/hospital (70%).

Table 17. Follow-up services provided for persons who test presumptively positive for diabetes (n=10).

Services	Number	Percent
Patient's Family Doctor	7	70
Clinic/Hospital	7	70
Specific Physician	4	40
No Follow-up	0	0
Other	4	40

Diabetes Screening Guidelines

Only two of the 31 Community Health Centers (6%) indicated they have written guidelines for conducting community screening programs (Table 18). Twenty-eight centers (90%) reported written guidelines did not exist at their facility. One facility did not respond to this question.

Table 18. Existence of written guidelines for conducting diabetes community screening programs in Indiana (n=31).

Have Guidelines	Number	Percent
Yes	2	6.4
No	28	90.3
No Response	1	3.2
Total	31	100

Service Catchment Areas

Almost half (45%) of the Community Health Centers serve their entire county in which the center was geographically located (Table 19). Approximately one-quarter (26%) serve a city. Nineteen percent of the centers service a multi-county region. Two centers serve a specific geographic area (e.g., south side of Indianapolis) or types of individuals (e.g., coal miners). One center reported having no geographic restrictions.

Table 19. Community Health Center service catchment areas (n=31).

Area	Number	Percent
City	8	25.8
County	14	45.2
Multi-County Region	6	19.4
Other	3	9.7
Total	31	100

Other Area Service Providers

Centers were asked to identify whether or not they knew of other facilities or organizations in their area that had a community diabetes education or screening awareness program. Twenty one (70%) of the 30 centers who answered the question responded in the affirmative. Of these, four of the providers were other area clinics or physicians and 18 were local hospitals. Nine of the 30 centers (30%) did not know of any other organization that provided diabetes education or screening services.

Need for Guidance/Instruction

Responders to the Community Health Center's Diabetes Community Education and Screening Survey indicated the need for further continuing education in several areas (Table 20). The greatest area of need was for information about current diabetes screening practices (39%), followed closely by specific educational methodologies (32%) and making referrals (23%). Specifically, centers were interested in obtaining more information in the subject areas of nutrition (100%), using insulin (90%), understanding the different types of diabetes (80%), complications of diabetes (80%), self-monitoring procedures/devices (80%), use of oral agents (10%), and development of patient education materials (10%).

Table 20. Requests for diabetes-specific guidance/instruction by Community Health Centers in Indiana (n=31).

Requested Guidance/Instruction	Number	Percent
Diabetes Screening Practices	12	38.7
Referrals	7	22.6
Educational Methodologies	10	32.2
• Nutrition	• 10	• 100
• Using Insulin	• 9	• 90
• Types of Diabetes	• 8	• 80
• Complications of Diabetes	• 8	• 80
• Self-Monitoring Procedures	• 8	• 80
• Use of Oral Agents	• 1	• 10
• Development of Patient Materials	• 1	• 10

SUMMARY

Results of the survey indicated less than half of the 31 Community Health Centers in Indiana (42%; n=13) offered diabetes education and screening programs in their service catchment areas at the time of this survey. Eighteen centers (58%) did not offer a community diabetes/education screening program. The majority of centers that did offer diabetes education and screening devoted between five to ten hours per month to the subject. Although demographic reporting is incomplete, results of this survey indicate the at-risk Black and Hispanic populations are not being successfully targeted. The Registered Nurse was identified as the primary instructor in approximately half of the programs. None of the instructors in any center was a Certified Diabetes Educator. A broad-base of topics were included in the programs offered through the Community Health Centers. Pamphlets and brochures were the most commonly used educational tool, especially those obtained through the American Diabetes Association and other drug companies/vendors. The majority of programs were offered at the local health department. Health fairs were identified as the primary method of advertising the center's diabetes programs. Three-quarters of the centers that offer diabetes education programs also reported offering diabetes screening. Random plasma glucose levels remain the primary test used to screen patients for diabetes. All centers that provide diabetes screening also provide follow-up services for the patient identified with diabetes. Written guidelines for conducting community screening programs were available in only two of the 31 centers. Responders to this survey requested continuing education in the areas of diabetes screening

practices and specific educational areas to include nutrition, understanding different types of diabetes, using insulin, and self-monitoring procedures/devices.

RECOMMENDATIONS

Based on the results of this survey, the following recommendations are made:

- More Community Health Centers should be encouraged to sponsor/implement a diabetes education/screening program, either through their own facility or in cooperation with some other community-based organization in the area.
- All Community Health Centers should take steps to target the highest-risk population in their catchment area, with a special effort made toward reaching Hispanic and Black citizens.
- All Community Health Centers should have current written guidelines for conducting a community-based diabetes screening program.
- All Community Health Centers should be provided with current information addressing the needs expressed by the respondents, beginning with information that can help both the instructor as well as the person with diabetes and their family members, understand the relationship between nutrition and diabetes control.

APPENDIX A

**INDIANA STATE DEPARTMENT OF HEALTH
DIABETES CONTROL PROGRAM**

COMMUNITY HEALTH CENTER SURVEY

**INDIANA STATE DEPARTMENT OF HEALTH
DIABETES CONTROL PROGRAM**

COMMUNITY HEALTH CENTER SURVEY

DIABETES COMMUNITY EDUCATION AND SCREENING

NAME OF COMMUNITY HEALTH CENTER: _____
ADDRESS: _____
CITY: _____
STATE AND ZIP CODE: _____
PERSON COMPLETING SURVEY: _____
PHONE: _____ FAX: _____

1. Does your health center have a community diabetes education/screening program targeted at individuals with an increased risk for diabetes?

☐ YES (GO TO QUESTION #2)
☐ NO (GO TO QUESTION #20)

2. Is this program offered in cooperation with another organization?

☐ YES
☐ NO

If yes, what is the name of this organization? _____

3. Estimate the number of hours per month the Health Center staff devotes toward educational/screening initiatives?

a. ☐ <5 b. ☐ 5-10 c. ☐ 11-15 d. ☐ 16-20 e. ☐ >20

4. To whom do you target the education? (Check the appropriate response for each item listed).

Clients with diabetes	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Family members of persons with diabetes	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Minorities	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Elderly (Males and Females 65+)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other (Specify) _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

5. Identify the population you serve. (Enter the approximate annual average number).

Population Served Race/Ethnicity	Number of Individuals		Population Served Age	Number of Individuals	
White (Non-Hispanic)	M	F	Under 18	M	F
Black (Non-Hispanic)	M	F	19-34	M	F
Hispanic	M	F	35-49	M	F
Amer. In./Pacific Islander	M	F	50-64	M	F
Other	M	F	65+	M	F

6. Approximately how many total hours is each education/screening program?

a. ☐ <1 b. ☐ 1-2 c. ☐ 3-4 d. ☐ >4

7. How many persons doing education/screening do you have?

☐ Full-time _____
☐ Part-time _____

☐ Students _____
☐ Volunteers _____

8. What is the educational background of the primary instructor?

a. ☐ Nurse b. ☐ Dietitian c. ☐ Health Educator d. ☐ Other (Specify) _____

9. Is the primary instructor a Certified Diabetes Educator?

☐ YES
☐ NO

10. What does the educational program include? (Check the appropriate response for each item listed).

a. Risk Factors (i.e. smoking, obesity)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Symptoms	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Potential complications from diabetes	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Nutrition Management	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. Gestational Diabetes	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. Exercise	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g. Terminology	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h. Self-medication	<input type="checkbox"/> YES	<input type="checkbox"/> NO
i. Self-glucose Monitoring	<input type="checkbox"/> YES	<input type="checkbox"/> NO
j. Eye Care	<input type="checkbox"/> YES	<input type="checkbox"/> NO
k. Oral Health	<input type="checkbox"/> YES	<input type="checkbox"/> NO
l. Foot Care	<input type="checkbox"/> YES	<input type="checkbox"/> NO
m. Psychosocial Aspects	<input type="checkbox"/> YES	<input type="checkbox"/> NO
n. Other (Specify _____)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

11. What type of educational tools are utilized? (Check all that apply).

a. ☐ Videos b. ☐ Brochures/Pamphlets c. ☐ Charts/Graphics d. ☐ Books
e. ☐ Tapes f. ☐ Fact Sheets g. ☐ Other (Specify _____)

12. Who furnishes educational materials you make available to clients? (Check all that apply).

a. ☐ ADA b. ☐ NIH c. ☐ Develop our own d. ☐ Other (Specify _____)
e. ☐ Do not furnish educational materials.

13. In what setting(s) do you provide education? (Check the appropriate response for each item listed).

Health Center	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hospitals/Clinics	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Schools	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Community organizations	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Home-settings	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Churches	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Worksites	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other (Specify _____)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

14. What advertising method(s) do you use to inform the target population(s) about the education/screening program? (Check all that apply).

a. <input type="checkbox"/> Radio/TV PSA	h. <input type="checkbox"/> Press conferences
b. <input type="checkbox"/> Bus Advertisements	i. <input type="checkbox"/> Mailings
c. <input type="checkbox"/> Billboards	j. <input type="checkbox"/> Health Fairs
d. <input type="checkbox"/> Posters	k. <input type="checkbox"/> Community Organizations

- | | | | |
|----|--|----|--|
| e. | <input type="checkbox"/> Brochures | l. | <input type="checkbox"/> Church Announcements |
| f. | <input type="checkbox"/> Newspapers | m. | <input type="checkbox"/> None |
| g. | <input type="checkbox"/> Minority-targeted media | n. | <input type="checkbox"/> Other (Specify _____) |

SCREENING

15. Do you offer screening tests for diabetes?

- ☐ YES (GO TO QUESTION #16)
☐ NO (GO TO QUESTION #19)

16. Do you use a written or verbal questionnaire to identify individuals who are "at risk" for diabetes?

- ☐ YES (Please send copy).
☐ NO

17. What screening tests are performed to individuals identified as "high risk"? (Check all that apply).

- a. ☐ Random Plasma Glucose b. ☐ Microalbumin c. ☐ Hemoglobin A1c
d. ☐ Other (Specify _____)

18. Is there a fee for the screening tests?

- ☐ YES
☐ NO

If yes, what is the fee for each test? \$ _____

19. When persons screened tests presumptively positive for diabetes, what follow-up services are provided?

- | | | |
|--|------------------------------|-----------------------------|
| a. Referral to a clinic/hospital | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Referral to patient's family doctor | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. Referral to a specific physician
(Specify _____) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. No follow-up offered | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Other (Specify _____) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

20. Does your Health Center have written guidelines for conducting community screening programs?

- ☐ YES (Please send copy).
☐ NO

21. What is your service catchment area?

- a. ☐ City b. ☐ County c. ☐ Multi-County Region *
d. ☐ Other (Specify _____)

* If you service a multi-county region, please outline your region on the attached map and indicate the approximate percentage of patients seen in each county (i.e. Marion 90%, Hamilton (10%).

22. Do you know of other facilities or organizations in your area that have a community diabetes education/screening awareness program?

- ☐ YES
☐ NO

If yes, by whom is it offered?

- a. ☐ Clinic/Physician (Name _____)
b. ☐ Community organization (Specify _____)
c. ☐ Hospital (Specify _____)
d. ☐ Other (Specify _____)

23. Do you have a need for guidance/instruction on:

- a. ☐ Diabetes Screening Practices
b. ☐ Referrals
c. ☐ Educational Methodologies
 1. ☐ Understanding the Different Types of Diabetes
 2. ☐ Nutrition Management
 3. ☐ Using Insulin
 4. ☐ Complications of Diabetes
 5. ☐ Self-monitoring Procedures/Devices
 6. ☐ Other (Specify _____)
d. ☐ Other (Specify _____)

*** Thank you for taking the time to complete this survey. ***

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